



Roman Catholic Diocese of Phoenix
CONSENT TO RELEASE OR EXCHANGE CONFIDENTIAL INFORMATION REGARDING STUDENT

School (hereinafter "School"): \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

School Tel./Fax #: \_\_\_\_\_

Student's Name (hereinafter "Student"):

Date of Birth:

Grade: \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

I am the parent or legal guardian of the Student, and I have the legal authority to act on the Student's behalf. I hereby give my consent to the School to release or exchange confidential information regarding the Student with the following person(s):

Name / Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ E-mail address: \_\_\_\_\_

(Please use one form per Name/Facility)

Information to be released or exchanged (check if applicable):

- Guidance Office records
Academic records
Summary of assessment and interventions
Evaluation / test results
Attendance dates
Nursing records/medical records
Other (explain)

I hereby release the School, \_\_\_\_\_ Parish, and the Diocese of Phoenix from any and all legal liability that may arise from the School's release, exchange or disclosure of any confidential information as provided above. I certify that this Consent has been made freely and voluntarily. I understand that I may revoke this authorization at any time unless the School has already taken action in reliance on this Consent. Without express revocation, this Consent will expire at the end of the current school year or upon the Student's transfer from the School, whichever occurs first.

Signature(s) of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Acknowledged/Witnessed by Authorized School Official:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_